2004-2005 TENNESSEE DEPARTMENT OF TOURIST DEVELOPMENT MARKETING CO-OP PROGRAM APPLICATION

	Date
Name of requesting organization	
Mailing Address of requesting organization	
Physical Address	
Telephone Number of requesting organization	
Fax number of requesting organization	
E-Mail address of authorized application preparer	
Name and title of authorized application preparer (please print)	
Signature of authorized application preparer	
Web Site address	
Please attach the following to this page: -a legal statement of non-profit status	

PROJECT DESCRIPTION

1) Please give a summary description of the proposed project:
2) Budget of proposed project
3) Who is the target audience for the proposed project?
4) What are the distribution channel(s)-i.e. how will the project be distributed or communicated to the target audience?
5) Tracking mechanism – i.e. How will you know the project is workingcoupons, surveys?

Projected Return On Investment (ROI) – i.e. How much do you expect in return for ach dollar spent on this project5%, 2% etc?	
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Anticipated date of project completion (must be by June 30, 2005)	

Please attach the following to this page:

- Marketing plan for the organization that includes the proposed project
- -Documentation regarding the organization's commitment to at least 50% financial participation (In-kind matching is not eligible) (Define in kind matching)